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CONFIRMATION NO. 4156

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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/EP00/01443 02/23/2000

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 9905134.4 03/06/1999
 UNITED KINGDOM 9917470.8 07/27/1999

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 5	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

23347

TITLE

Medicament delivery system

FILING FEE RECEIVED 1422	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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